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PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number 09/761,670	Filing Date 1/18/2001	First Named Inventor Jeff Oster
Art Unit Examiner Name	3628 Siegfried Chencinski	
Total Number of Pages in This Submission 1	Attorney Docket Number AR - 16	

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1 authorization to act in a representative capacity (see remarks for details)
Remarks Authorization for Jeff Oster (32,585) to conduct interviews related to the above referenced application		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Asset Trust, Inc.		
Signature	/B.J. Bennett/		
Printed name	B.J. Bennett		
Date	12/5/2005	Reg. No.	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	/B.J. Bennett/		
Typed or printed name	B.J. Bennett	Date	12/5/2005

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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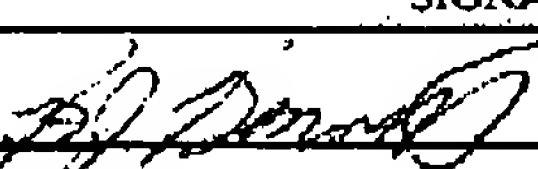
AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of:	Jeff S. Eder		
Application No.	09/761,670		
Filed:	1/18/2001		
Title:	A method of and system for evaluating cash flow and elements of a business enterprise		
Attorney Docket No.	AR - 16	Art Unit:	3628

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned after review and approval by the full Asset Reliance, Inc. IP committee.

Name Registration	Number
Jeff Oster	32,585

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record.

SIGNATURE of ASSIGNEE (Asset Trust, Inc.)		
Signature		
Date	12/05/2005	
Name	BJ. Bennett	
Position	President	
Telephone	(425) 483-4425	